

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</div> <div>Substitute for Form PTO-1360 (For use with Form PTO/SB/06)</div>								Application Number		Filing Date	
								10530578			
								Applicant(s) David Jackson			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1										
2		1									
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49											
50											
Total Indep	8		0		0						
Total Depend	25		0		0						
Total Claims	33		0		0						
51											
52											
53											
54											
55											